



1-877-604-8366
www.dermatologyforanimals.com

PATIENT HISTORY

Your pet's name: _____ Your name: _____

Please describe your pet's skin problems. _____

How long has this problem been present? _____

What areas are affected or itchy? _____

Has the problem spread? _____

Is there a season or time of day when the problem is less severe? _____

Amount of time your pet spends indoors: _____% Outdoors: _____%

Do you have any other pets in the household (including birds), that have any skin problems? _____

Do any people in your household have any skin problems? _____

Do you use routine flea or heartworm control, and if so, what and how often? _____

What is your pet bathing/grooming schedule? _____

Types of shampoo/topical treatments _____

What is your pet's diet? _____

Does your pet receive any other medications? _____

Does your pet receive any vitamins/treats? _____

Does your pet have any other medical problems? _____

Does your pet do any of the following?

Cough _____ Sneeze _____ Runny eyes _____ Vomit _____

Diarrhea _____ Limp _____ Drink excessively _____

Urinate excessively _____

Number of times your pet defecates daily? _____

Has your pet ever had an ear infection? _____

Is your pet's appetite normal? _____

Do you have any wool in your house? _____

Are there any trees in your yard, and what are they? _____

What is the type of grass in your yard? _____